REPORT RESUMES

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MIGRANT HEALTH PROJECT, PENNSYLVANIA, 1966--ANNUAL PROGRESS REPORT REPORT ON HEALTH AND MEDICAL SERVICES FOR MIGRANTS, PROJECT GRANT 33, UNITED STATES PUBLIC HEALTH SERVICE.
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HEALTH SERVICES WERE MADE AVAILABLE TO SOME 6176 SEASONAL AGRICULTURAL MIGRANTS IN A FIFTEEN-COUNTY PROJECT AREA OF PENNSYLVANIA DURING 1966. THIS PROJECT IS AN EXTENSION AND EXPANSION OF A FOUR-COUNTY MIGRANT HEALTH PROGRAM BEGUN IN 1963. THE SERVICES PROVIDED BY THIS PROGRAM HAVE BEEN EXPANDED FROM OUT-PATIENT SERVICES TO INCLUDE DENTAL CARE, IN-HOSPITAL SERVICE, PREVENTIVE HEALTH SERVICES, AND A SANITATION PLAN FOR MIGRANT CAMPS. THE OUT-PATIENT SERVICES WERE PROVIDED THROUGH THREE TYPES OF CONTRACT MECHANISM--(1) A CONTRACT FOR MIGRANT CLINICS IN HOSPITALS, (2) FEE--FOR SERVICE AGREEMENTS WITH HOSPITALS, AND (3) FEE--FOR SERVICE AGREEMENTS WITH PHYSICIANS. FOURTEEN PUBLIC HEALTH NURSES WERE USED TO VISIT THE MIGRANT CAMPS, AND SERVED AS THE PRIMARY SOURCE OF REFERRALS TO PROJECT CLINICS. DEPARTMENT OF HEALTH SANITARIANS INSPECTED SOME 344 OF 404 EXISTING MIGRANT LABOR CAMPS. ALTHOUGH MUCH PROGRESS HAS BEEN EXPERIENCED IN ALL AREAS OF MIGRANT HEALTH SERVICES, CONTINUED EFFORTS TOWARD IMPROVEMENT WILL BE NECESSARY IN THE FUTURE. (ES)

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MIGRANT HEALTH REPORT

Pennsylvania 1966

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MIGRANT HEALTH SERVICE
PROJECT GRANT NO. 33
U. S. PUBLIC HEALTH SERVICE

RC 001968

THE COMMONWEALTH OF PENNSYLVANIA

Raymond P. Shafer, Governor

MIGRANT HEALTH PROJECT
PENNSYLVANIA
1966
ANNUAL PROGRESS REPORT ON HEALTH AND MEDICAL SERVICES FOR MIGRANTS,
PROJECT GRANT 33
UNITED STATES PUBLIC HEALTH SERVICE

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FOREWORD

The period of Project Grant No. 33D, allotted by the U. S. Public Health Service to the Pennsylvania Department of Health, extends from July 1, 1966 to June 30, 1967. This report, however, is a progress report which covers the 1966 growing season that ended about November 30.

Grateful acknowledgement is made to the State and local medical and dental societies and the hospital staffs who cooperated so generously in the administration of this project.

Thanks also go to the field staff of the Department of Health, to the staffs of other State Departments and to the many citizen groups without whose aid this service could not have been provided.

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INTRODUCTION

The 1966 Pennsylvania Migrant Health Project is a continuation of a pilot study which began in 1963 with the provisions of outpatient medical services to migrants in a four-county area in central Pennsylvania. Project services have gradually been extended to a larger segment of the seasonal migrant agricultural workers in the Commonwealth, and have been expanded to include emergency dental care. This season project services were made available in 15 counties in which over 75 percent of the migrants in Pennsylvania are employed.

Before the development of this project organized methods of meeting the health and medical needs of the migrant were limited to special categories of care provided by the Department of Health and the Department of Welfare in such areas as child care and tuberculosis and venereal diseases control. The addition of project services to existing forms of categorized care have made a more comprehensive health program available to the migrant and his family.

The project was conducted by the Pennsylvania Department of Health and was supported, in part, by a project grant from the United States Public Health Service. This grant was made possible through the passage of the Migrant Health Act of 1962 and its subsequent amendment in 1965.

Aims and objectives of the project were:

1. To provide outpatient health and medical services to Pennsylvania migratory workers and their dependents through family clinics established in local hospitals and through contracts with physicians.

Through these services, the illnesses and disabilities of migrants may be detected sooner and brought to the attention of physicians for treatment.

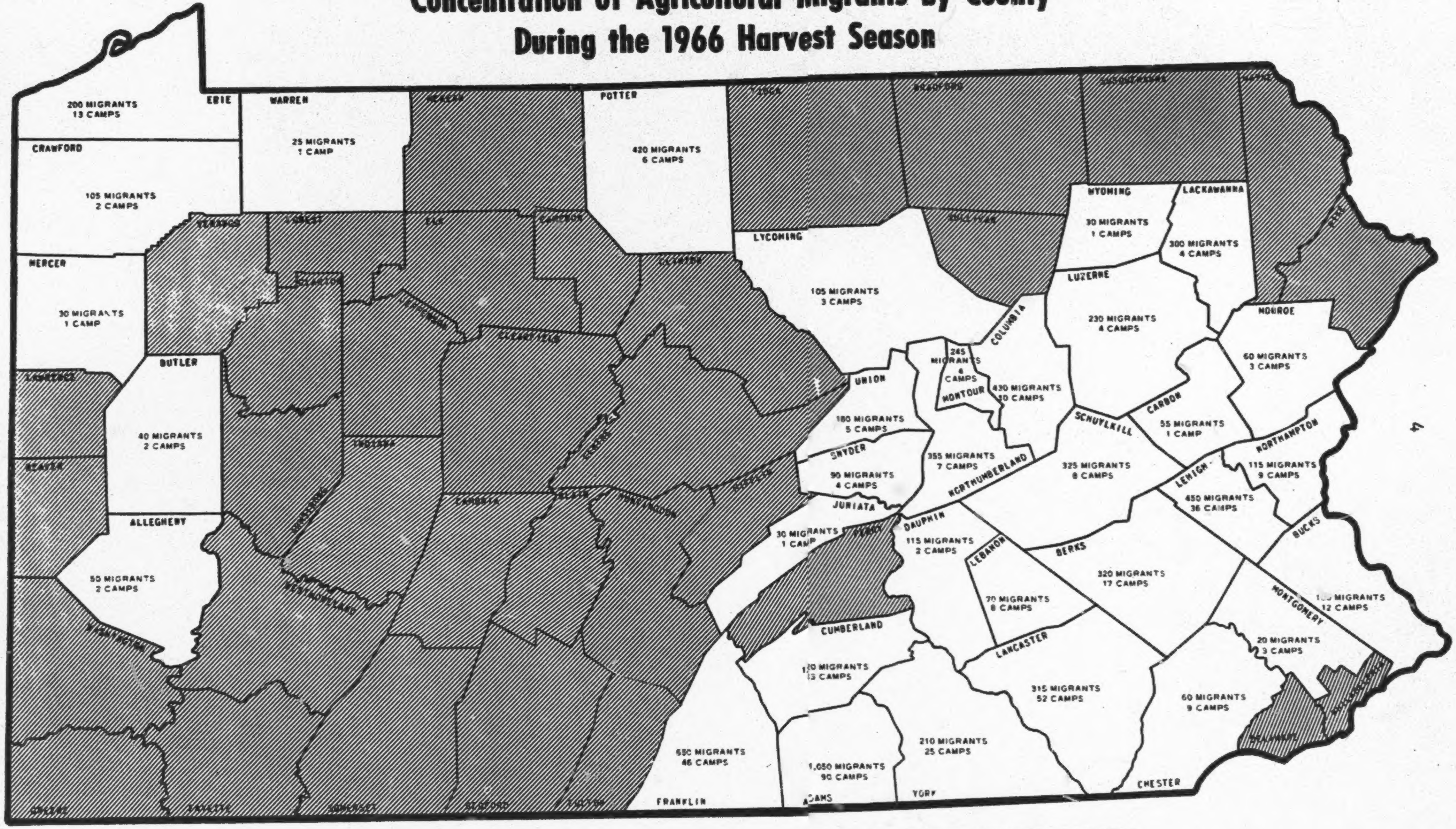
2. To provide a system of preventive health services to migrants through the use of public health nurses who will work with migrants in their camps. This effort will be bolstered by the use of health educators in regional offices supervised by a full-time health educator on the central staff.
3. To provide in-hospital services and care to migrants through contracts with local hospitals. Outpatient and inpatient services will be coordinated.
4. To improve the system of inspecting migrant camps and housing facilities to insure a safe water and food supply, adequate sewerage and garbage disposal, and provide protection from insects and rodents.
5. To continue the accumulation of data that will identify unmet health needs of migrants and assist in the evaluation of services rendered.
6. To provide in selected areas on a pilot basis routine prophylactic and treatment services to migrants having dental problems.

Following is a report which indicates the progress made toward realization of these goals. Materials included in this report are neither exhaustive nor exclusively those developed by the Pennsylvania Department of Health in the conduct of this project. Pertinent information from other state, local, and community groups has been integrated with field findings in an attempt to provide a broad base from which to assess the health and medical needs of the migrant community.

Since this project stresses service rather than study, information from diversified sources was used to minimize data collection requirements of the project field staff. Consequently, more staff time was available for the provision of direct services. This method of data collection may have resulted in some minor inaccuracies, but it is felt that they will not have a significant effect on the material presented in this report.

Hopefully, the information contained in the report will be of use to other agencies in planning migrant services.

Concentration of Agricultural Migrants by County During the 1966 Harvest Season


ERIE
200 MIGRANTS
13 CAMPS
CRAWFORD
105 MIGRANTS
2 CAMPS
MERCER
30 MIGRANTS
1 CAMP
WARREN
25 MIGRANTS
1 CAMP
BUTLER
40 MIGRANTS
2 CAMPS
ALLEGHENY
50 MIGRANTS
2 CAMPS
POTTER
420 MIGRANTS
6 CAMPS
LYCOMING
105 MIGRANTS
3 CAMPS
WYOMING
30 MIGRANTS
1 CAMPS
LACKAWANNA
300 MIGRANTS
4 CAMPS
LUZERNE
230 MIGRANTS
4 CAMPS
MONROE
60 MIGRANTS
3 CAMPS
COLUMBIA
430 MIGRANTS
10 CAMPS
MONTOUR
245
MIGRANTS
4
CAMPS
UNION
180 MIGRANTS
5 CAMPS
SNYDER
90 MIGRANTS
4 CAMPS
NORTHUMBERLAND
355 MIGRANTS
7 CAMPS
SCHUYLKILL
325 MIGRANTS
8 CAMPS
CARBON
55 MIGRANTS
1 CAMP
NORTHAMPTON
115 MIGRANTS
9 CAMPS
LEHIGH
450 MIGRANTS
36 CAMPS
JUNIATA
30 MIGRANTS
1 CAMP
PERRY
DAUPHIN
115 MIGRANTS
2 CAMPS
LEBANON
70 MIGRANTS
8 CAMPS
BERKS
320 MIGRANTS
17 CAMPS
BUCKS
MIGRANTS
12 CAMPS
MONTGOMERY
20 MIGRANTS
3 CAMPS
CUMBERLAND
MIGRANTS
CAMPS
LANCASTER
315 MIGRANTS
52 CAMPS
CHESTER
60 MIGRANTS
9 CAMPS
FRANKLIN
650 MIGRANTS
46 CAMPS
ADAMS
1,050 MIGRANTS
90 CAMPS
YORK
210 MIGRANTS
25 CAMPS
McKEAN
TIOGA
BRADFORD
SUSQUEHANNA
WAYNE
PIKE
SULLIVAN
CLINTON
VENANGO
FOREST
ELK
CAMERON
CLARION
JEFFERSON
CLEARFIELD
CENTRE
MIFFLIN
HUNTINGDON
BLAIR
CAMBRIA
INDIANA
ARMSTRONG
WESTMORELAND
LAWRENCE
BEAVER
WASHINGTON
GREENE
FAYETTE
SOMERSET
BEDFORD
FULTON
DELAWARE
PHILADELPHIA

COMMONWEALTH OF PENNSYLVANIA BUREAU OF EMPLOYMENT SECURITY DEPARTMENT OF LABOR AND INDUSTRY

BUR-57N REV 12-66

TOTAL NUMBER OF MIGRANTS – 6,950
TOTAL NUMBER OF FARM LABOR CAMPS OCCUPIED – 404

NOTE: Many migrants work in more than one area of the State. Therefore, county totals cannot be added to arrive at a state total. It should also be noted that migrants employed in the mushroom industry have been excluded.

CHAPTER I

DOMESTIC AGRICULTURAL MIGRANT SITUATION

Chapter I

Domestic Agricultural Migrant Situation

A. Overview

The first seasonal agricultural migrant workers and their families usually arrive in Pennsylvania in early June for the strawberry season. A second influx occurs in mid-July for the cherry season. The migrant labor force then continues to grow through August and September as peach and tomato crops mature until a peak is reached in September. Some crews leave at the end of the tomato harvest; others remain through October or November for apple and potato picking.

This year a late frost damaged much of the early fruit crop and yields were far below normal. The frost was followed by a period of severe drought which resulted in heavy losses in the peach crop and delayed maturation of the tomato crop.

Some crews arrived ahead of schedule because of poor picking at intermediate stops on the way to Pennsylvania. Some became discouraged and returned to their home states. Other crews arrived late because they had been forewarned of poor picking in parts of Pennsylvania.

For those crews which arrived in the early part of the season considerable movement within the State was necessary. The Farm Labor Service was hard pressed to find work to keep these crews busy until the fall season; some of the crews returned to their homes. This added to labor shortages during the apple season and apples were left to rot in some orchards.

B. Number of Workers

1. Statewide Migrant Population

Migrants were employed in 33 Pennsylvania counties this year. The exact number of migrants in Pennsylvania during any one time is difficult to determine. The Farm Labor Service has prepared the map preceeding this chapter to show county peaks during the 1966 harvest season. The 6,950 total shown on the map represents all migrant workers known by the Farm Labor Service to have entered Pennsylvania this season.

2. Project Area Migrant Population

The 1966 project area included 15 of the counties most heavily populated with migrants. At least 75 percent of the migrants in the State are employed in these counties.

The table below lists Farm Labor Service compilations of population peaks within the project area. A comparison is shown with 1965 peaks and with pre-season estimates for 1966.

Variations between estimates and peaks for 1966 are largely the result of the weather conditions previously described.

Project area totals are shown only for the convenience of the reader; some duplication will exist because of the movement of crews from one county to another.

Project Area
Distribution of Workers

County	Peak Population 1965	Pre-Season Estimate 1966	Peak Population 1966
Adams	1,200	1,200	1,050
Berks	364	400	320
Chester	100	150	60
Columbia	422	600	430
Franklin	997	1,000	650
Lackawanna	250	250	300
Lancaster	475	500	315
Lehigh[I]	---	550	450
Luzerne	234	220	230
Montour	292	275	245
Northumberland	346	500	355
Potter	543	500	420
Snyder	125	100	90
Union	83	280	180
Wyoming	203	100	30
Total	5,634	6,625	5,125

C. Nonworking Family Dependents

In order to supplement data available from the Farm Labor Service, project field nurses were directed to take a census of the migrants within their areas of responsibility. Although each public health nurse was asked to take the census on the peak date for her area, some were

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[I] Included in 1966 project area only

Source: Bureau of Employment Security, Farm Labor Service, Pennsylvania Department of Labor and Industry unable to complete the census on a single date because of their nursing duties. There is a possibility that crews moved into an area while a nurse was making her survey. This could account for the fact that some county peaks recorded by the nurses are higher than those shown in the preceding table. On the other hand there is also the possibility that nurses, through their daily visits to camps, have located migrants not included in Farm Labor Service figures.

County	Workers	Non-Workers	Total
Adams	1,178	164	1,342
Berks	435	27	462
Chester	97	17	114
Columbia	467	97	564
Franklin	560	104	664
Lackawanna & Wyoming	228	39	267
Lancaster	317	40	357
Lehigh	385	70	455
Luzerne	189	97	286
Montour, Snyder,* Union and Northumberland	993	185	1,178
Potter*	398	89	487
Total	5,247	929	6,176
Percent	85%	15%	100%

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* Data on workers and non-workers not available; all over 14 years old listed as workers; all 14 years and under listed as non-workers.

D. Characteristics of Seasonal Migrant Workers

The majority of the migrants employed in Pennsylvania are recruited in Florida. Of the Statewide total of migrants recorded by the Farm Labor Service, 5,175 (75%) were southern migrants. This group is predominately Negro but it would include some Caucasians, primarily Mexican-Americans. A few Anglos were included among workers added to some southern crews as they passed through large cities.

Southern migrant crews include individuals whose place of birth may be any of the southeastern states. The majority are in crews in Florida at the time of recruitment, although some crew leaders pick up additional workers as they move north.

Farm Labor Service figures show 1,775 (25%) of the total 6,950 migrants this season to be Puerto Rican. They are concentrated in southeastern parts of the State. Puerto Rican crews unlike southern crews, are composed solely of adult males. Many of these come to Pennsylvania under contractual agreement with the Puerto Rican government; others come to the State as a result of private agreements with growers.

The table shows a county breakdown of the ethnic groups of migrants within the project area. These figures were obtained from the camp census taken by project nurses.

County	Negro	Puerto Rican	Mex-Amer.	Other	Total
Adams	897	423	20	2	1,342
Berks	291	171	--	--	462
Chester	83	31	--	--	114
Columbia	553	11	--	--	564
Franklin	380	275	8	1	664
Lackawanna & Wyoming	236	--	28	3	267
Lancaster	101	256	--	--	357
Lehigh	325	130	--	--	455
Luzerne	143	47	94	2	286
Montour, Snyder, Union & Northumberland*	1,120	33	5	20	1,178
Potter	484	--	--	3	487
Total	4,613	1,377	155	31	6,176
Percent	74.7%	22.3%	2.5%	.5%	100%

Field nurses were also directed to determine the distribution by age and sex of migrants within the project area. Not all the nurses were able to compile complete data. Age and sex groupings are not stated for all counties. Nearly all migrants who are not shown in an age category would fall into the 15-44 year groupings. If the percentage of migrants shown in the 15-44 year group (66%) is added to the percentage of the group whose age is not shown (16%), it will be noted that the total (82%) approaches the percentage of workers (85%) shown earlier in this chapter.

About 80 percent of those migrants grouped by sex are male and 20 percent are female. Since most of those not grouped by sex are from counties with migrant populations largely composed of Negro family groups rather than single Puerto-Rican males, it is likely that the percentage of females in the project area is actually slightly higher than 20 percent.

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* Estimated

Project Area
Peak Migrant Population by Age and Sex

County	Sex	0-14	15-44	45+	Age Unk.	Total
Adams	Male	61	1,076	25	--	1,162
	Female	53	111	5	--	169
	Not Stated	--	--	--	11	11
Berks	Male	17	358	17	--	392
	Female	10	60	--	--	70
Chester	Male	7	70	12	--	89
	Female	6	17	2	--	25
Columbia	Not Stated	97	--	--	467	564
Franklin	Male	42	461	43	--	546
	Female	34	81	3	--	118
Lackawanna & Wyoming*	Male	20	111	44	--	175
	Female	26	58	8	--	92
Lancaster	Male	19	143	36	111	309
	Female	19	23	6	--	48

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* Estimated

County	Sex	0-14	15-44	45+	Age Unk.	Total
Lehigh	Male	40	287	23	--	350
	Female	30	72	3	--	105
Luzerne	Male	57	104	26	--	187
	Female	42	48	9	--	99
Montour, Snyder, Union and Northumberland	Male	--	762	--	--	762
	Female	--	231	--	--	231
	Not Stated	185	--	--	--	185
Potter	Not Stated	89	--	--	398	487
Total		854	4,073	262	987	6,176
Percent		14%	66%	4%	16%	100%

E. Dates of Migrant Activity

Dates of arrival, peak activity, and departure for migrants were atypical this season. Although some crews arrived before they were needed, late crop maturation resulted in about a two week delay in harvesting. The State migrant population peak occurred on October 15 this year.

Typical arrival and departure dates for migrants in project counties are shown below.

County	Typical Dates of Arrival	Peak Dates	Typical Dates of Departure
Adams	June 1	October 15	November 30
Berks*	August 15	August 31	November 15
Chester	August 15	September 15	September 30
Columbia	June 15	August 15	October 31
Franklin	July 1	October 15	November 1
Lackawanna	August 5	September 5	October 8
Lancaster	July 12	September 15	October 12
Lehigh	September 1	September 15	November 1
Luzerne	August 1	September 15	November 7
Montour	August 10	August 31	October 11
Northumberland	August 10	August 31	October 11
Potter	August 3	October 15	November 3
Snyder	August 10	August 31	October 11
Union	August 10	August 31	October 11
Wyoming	August 5	September 5	September 30

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* Excludes mushroom workers.

F. Localities of Origin and Departure of Migrant Workers in Project Areas

The bulk of crews employed in Pennsylvania are recruited in Florida. The fact that many crews work their way north was noted earlier. Point of origin and point of departure represent the immediate area from which they come and the immediate are to which they will go from Pennsylvania.

County	Point of Origin*	Point of Departure*
Adams	Florida, Puerto Rico, Georgia	Florida, Puerto Rico, Georgia
Berks	Florida, Puerto Rico	Florida, Puerto Rico
Chester	Florida, Virginia, Puerto Rico	Florida, Virginia, Puerto Rico
Franklin	Florida, Puerto Rico, Georgia	Florida, Puerto Rico, Georgia
Lackawanna	Florida, Texas	Florida, Texas
Lancaster	Florida, Georgia, Puerto Rico	Florida, Georgia, Puerto Rico
Lehigh	Florida, Maryland, Puerto Rico	Florida, Maryland, Puerto Rico
Luzerne	Florida, Texas	Florida, Michigan
Montour	Florida, Georgia, Mississippi	Florida, Georgia, Mississippi
Northumberland	Florida, Georgia	Florida, Georgia
Potter	Florida, Virginia	Florida, Virginia
Snyder	Florida, Georgia	Florida, Georgia
Union	Florida, Puerto Rico	Florida, Puerto Rico
Wyoming	Florida	Florida, Michigan

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* In terms of largest number reporting

Source: Bureau of Employment Security, Fram Labor Service, Pennsylvania Department of Labor and Industry

G. Factors Which May Affect the Migrant Situation in Future Years

For the fifth consecutive year Pennsylvania has had an early season drought followed by widespread rains just before crop maturation. These conditions again resulted in intensive, though short, peak periods. If this weather cycle is repeated there will continue to be the need for a large migrant work force late in the harvest season.

Although the number of migrants needed for the harvest will remain fairly stable in Pennsylvania for the next few years, some shifting in areas of concentration is anticipated.

Needs for migrants in the potato harvest have been decreased by more widespread use of mechanical harvesters, and a number of the smaller farmers will not be planting vegetable crops requiring hand picking.

On the other hand there is an increase in vegetable acreage in the central part of the State, and new orchards are being planted in the south-central counties. The increase in these areas is expected to offset decreased needs in other parts of the State.

The project nurse working in Berks County has found that there are several hundred Puerto-Rican migrants working in mushroom houses over the winter months. This year they arrived in September and are expected to remain until June. Use of migrants in mushroom harvesting will be continued indefinitely.

CHAPTER II

MIGRANT HEALTH PROJECT CLINICS

Chapter II

Migrant Health Project Clinics

A. Overview

Outpatient medical services were made available to seasonal migrant agricultural workers in a 15 county project area this year.

Migrant family health service clinics were first established in 1963 with the endorsement of the Pennsylvania Medical Society and the local medical societies in the four-county project area served. As the project was extended into additional counties, approval of the medical society in each new county was obtained.

In 1965 the Pennsylvania Dental Association approved the addition of dental services to the project. This year contracts were negotiated for emergency dental services in 12 counties.

1. Family Health Services Clinics

Adaptation to local preference, facilities available, and local migrant needs has necessitated flexibility in methods of providing medical services. Three basic types of contractual agreement were utilized:

a. Contracts for Migrant Clinics

Contracts were negotiated with five (5) hospitals to conduct general outpatient medical clinics for migrants on a regular schedule for the duration of the harvest season.

Migrants from Adams, Chester, and Lancaster counties attended clinics at Annie M. Warner Hospital, Coatesville Hospital and Lancaster General Hospital respectively. Those migrants living in Lackawanna, Luzerne and Wyoming counties were treated at Moses Taylor Hospital in Scranton, while those in Columbia, Montour, Northumberland, Snyder, and Union counties attended clinics at Geisinger Medical Center in Danville.

b. Fee for Service Agreements With Hospitals

In two counties contracts were negotiated with hospitals to provide outpatient medical services to migrants during regular hospital clinic hours on a fee-for-service basis. Community General and St. Joseph's Hospitals in Reading served migrants in Berks County. Sacred Heart Hospital in Allentown provided treatment for migrants in Lehigh County.

c. Fee-For-Service Agreements With Physicians

In two counties, Franklin and Potter, agreements were made with physicians to treat migrants in their private offices during regular office hours. This method was a matter of preference in Franklin County; it was necessary in Potter County because of limited hospital facilities.

Contracts with hospitals providing outpatient treatment for migrants included provisions for payment of the cost of laboratory and diagnostic services, drugs, and supplies. In the two counties where treatment was provided by physicians in their offices, laboratory and diagnostic services were provided under separate contract with local hospitals. Drugs and supplies were provided through agreements with local pharmacies.

All hospital contracts included provisions for 24 hour emergency room service. Statistical data in this chapter include that on patients treated in emergency rooms.

Bus transportation was provided for clinic patients in three clinic areas serving migrants in eight counties. This service was offered to migrants attending clinics at Annie M. Warner Hospital, Geisinger Medical Center, and Moses Taylor Hospital. Since many migrants have no transportation of their own, this service has been most valuable in enabling them to receive medical treatment. Its effectiveness is reflected in clinic attendance figures for those areas in which it has been provided.

2. Dental Services

Early project experience demonstrated the need for emergency dental care as an addition to project services. In 1965 approval was given by the Pennsylvania Dental Association and by local dental societies in the project area for this addition. Contracts were negotiated for migrants to receive emergency dental care during regular office hours in existing hospital dental clinics or in the private offices of dentists who agreed to participate.

Success was limited. Migrants had difficulty in arranging time off work and in obtaining transportation to dental care facilities. Many migrants failed to keep dental appointments.

Alternate methods of providing dental care were explored. It was determined that dental care should be available at the same time, and at the same location, as migrant outpatient medical clinics. However, few of the hospitals providing project clinics are equipped for dental service.

Authorization was given by the United States Public Health

Service to purchase portable dental equipment to be provided on loan to participating hospitals. Plans were developed to conduct dental clinics in conjunction with outpatient medical clinic. Unfortunately, delays in purchasing the equipment resulted in delivery too late for use this year.

A hurried attempt was made to renegotiate contracts for fee-for-service care. These efforts were successful in all but one clinic area. Fortunately, project nurses in that area were able to obtain free care for several emergency dental patients.

B. Staff

Contracts with hospitals for migrant family health service clinics provided for a minimum of one doctor, one registered nurse, and one clerk for each migrant clinic. The clinic patient load at Geisinger Medical Center bacame so large that the clinic staff was expanded to three doctors, two registered nurses, one pharmacist, and two clerks.

In some hospitals, volunteers were available to assist migrant clinic patients in finding their way to laboratories, X-ray rooms, and pharmacies. This service was appreciated both by the migrant and by clinic staff. Laboratory and X-ray technicians and other personnel from the hospital staffs were available when needed during migrant clinics.

Public Health Nurses attended migrant clinics whenever possible. Project experience had shown this to be advantageous. Migrants found the presence of project nurses at clinics to be reassuring; nurses could use the opportunity for health teaching and counselling; and, field nurses could obtain first-hand information from the clinician on recommendations for follow-up procedures.

C. Clinic Schedule

Migrants were treated during regular clinic or office hours in those counties (Berks, Franklin, Lehigh, and Potter) where fee-for-service agreements with hospitals or physicians were utilized. For areas in which special migrant outpatient clinics were conducted, a variety of schedules was used. Clinic sessions were usually two to three hours long. They were usually scheduled in the late afternoon or early evening to permit maximum availability to the migrant community. However, in Chester County clinics were scheduled from 7:00 to 9:00 a.m., when it was found that this time period would best fit hospital space and staff availability. This is the second year this schedule was used in Chester County, and over the two year period it was found that it best met migrant needs in the area. It was easier for them to arrange transportation and time off work. In order to attend a late afternoon clinic migrants lost most of the afternoon and evening's work. It took considerable time for them to shower, change clothing, and travel to the hospital. When they attended the morning clinic, they were back on the job before noon. The possibility of scheduling similar clinics will be investigated in other areas.

The number and length of clinic sessions were adjusted to meet the needs of the local migrant community. Days of the week on which clinics were scheduled varied from one area to another due to space and staff availability at the hospital conducting the clinic.

A total of 85 clinic sessions were conducted in the five hospitals offering clinics this season. This total represents a decrease from last years total (99) for two reasons. First, clinics were not scheduled at a hospital in Columbia County this year; migrants from this county attended clinics established at Geisinger Medical Center. Secondly, migrants in Lehigh County, this season's new project county, were treated on a fee-for-service basis. The total number of clinic hours this year (244) approaches that of 1965 (247). Increased patient loads in several areas resulted in the scheduling of longer clinic sessions.

Clinics were originally scheduled from July 1 to November 15 for administrative processing, but schedules were adjusted to meet the needs of individual clinic areas as the season progressed. A schedule of the 1966 migrant family health service clinics follows. Starting dates and termination dates for services in counties with fee-for-service agreements indicate the first and last dates on which patients were treated. The termination date for Berks County indicates the conclusion of the fruit and vegetable harvest; treatment services have been extended until June 30, 1968 for migrants employed to harvest mushrooms.

SCHEDULE OF 1966 CLINIC SESSIONS

County	Outpatient Services	Clinic Hours	Number of Sessions	Starting Date	Termination Date
Adams	Annie M. Warner Hosp. Gettysburg, Penna.	3:00 to 6:00 pm Mon. & Fri.	35	7/17/66	11/25/66
Berks	Community General Hosp. St. Joseph's Hosp. Reading, Penna.	Regular Clinic Hours	*	7/26/66	11/30/66
Chester	Coatesville Hosp. Coatesville, Penna.	7:00 to 9:00 am Friday	11	8/5/66	10/14/66
Columbia, Montour, Northumberland, Snyder & Union	Geisinger Medical Center Danville, Penna.	7:00 to 10:00 pm Tues. & Thurs.	20	8/9/66	10/18/66
Franklin	All General Practitioners	Regular Office Hours	*	7/15/66	11/15/66
Lackawanna, Luzerne and Wyoming	Moses Taylor Hosp. Scranton, Penna.	1:30 to 4:30 pm Wednesday	8	8/10/66	9/28/66
Lancaster	Lancaster Gen. Hosp. Lancaster, Penna.	7:00 to 10:00 pm Wednesday	11	7/27/66	10/5/66
Lehigh	Sacred Heart Hosp. Allentown, Penna.	Regular Clinic Hours	*	9/27/66	11/30/66
Potter	General Practitioners	Regular Office Hours	*	7/ 3/66	10/28/66

* Fee for Service "in lieu" of Special Clinic.

D. Clinic Attendance

It was noted in Chapter I that adverse growing conditions this year resulted in a general decrease in the number of migrants employed in Pennsylvania. In spite of the fact that another county was added this year, there was a net decrease of approximately 500 migrants in the project area. However, the number of clinic patients in 1966 was only slightly smaller than in 1965 (1,130 compared to 1,167). Although the total number of patients treated declined, the rate of use of clinic facilities by migrants has actually increased.

1. Total Number of Patients Attending Clinics by Sex and Age

Sex	Age									
	-5	5-14	15-24	25-34	35-44	45-54	55-64	65+	Unk.	Total
Male	61	45	161	129	121	92	53	12	11	685
Female	71	36	152	89	52	33	10	-	2	445
Total	132	81	313	218	173	125	63	12	13	1,130

2. Total Number of Visits to Clinics by Sex and Age

Sex	Age									
	-5	5-14	15-24	25-34	35-44	45-54	55-64	65+	Unk.	Total
Male	95	59	239	186	181	140	79	20	13	1,012
Female	106	45	275	164	91	55	18	-	4	758
Total	201	104	514	350	272	195	97	20	17	1,770

3. Family Clinic Attendance

The total number of patients attending family outpatient medical clinics at Geisinger Medical Center in 1966 increased over 50 percent from the 1965 season. Because of the unavailability of a clinician at the Bloomsburg Hospital this year, Columbia County migrants were added to Geisinger's patient load. When last year's totals for the two hospitals are combined, the total approaches the Geisinger clinic attendance this year.

Two other clinic areas, Berks and Lancaster Counties, show slight increases in attendance this year. All other clinic areas have shown decreases somewhat proportionate to their decreased migrant population.

Clinics for which bus transportation was provided again show greater use than clinics for which the responsibility for transportation to clinics falls largely on migrant patients and their crew leaders.

a. Total Number of Patients Attending Family Clinics, by Age and Clinic Locations

Clinic	Age									
	-5	5-14	15-24	25-34	35-44	45-54	55-64	65+	Unk.	Total
Total	132	66	266	196	154	110	59	11	11	1,005
Annie M. Warner	54	22	68	40	15	18	5	1	2	225
Dr. Lefever (Office)*	1	-	4	7	1	1	-	-	1	15
St. Joseph's	8	2	9	4	8	3	1	-	-	35
Community General	1	-	9	4	5	2	3	-	-	24
Sacred Heart	2	5	6	13	4	4	2	-	-	36
Coatesville General	7	4	8	7	6	1	-	-	-	33
Franklin County*	8	9	16	13	9	2	3	1	-	61
Geisinger	29	16	88	61	70	52	27	6	4	353
Potter County*	6	-	17	15	13	7	6	-	3	67
Moses Taylor	4	5	15	10	5	7	5	2	-	53
Lancaster General	11	2	24	18	18	13	6	1	-	93
Other	1	1	2	4	-	-	1	-	1	10

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* Private Practitioners

b. Total Number of Visits to Family Clinics, by Age and Clinic Locations

Clinic Location	Age									
	-5	5-14	15-24	25-34	35-44	45-54	55-64	65+	Unk.	Total
Total	201	85	449	320	247	175	92	18	13	1,600
Annie M. Warner	77	28	111	59	23	24	6	2	2	332
Dr.Lefever (Office)*	1	-	5	10	1	1	-	-	1	19
St. Joseph's	14	2	15	4	8	9	1	-	-	53
Community General	2	-	12	7	10	3	4	-	-	38
Sacred Heart	4	5	10	19	8	4	3	-	-	53
Coatesville General	17	4	18	18	10	1	-	-	-	68
Franklin County*	12	9	28	18	16	5	3	4	-	95
Geisinger	42	24	173	118	120	95	43	8	6	629
Potter County*	7	-	21	22	18	9	11	-	4	92
Moses Taylor	4	7	15	12	6	9	10	3	-	66
Lancaster General	20	6	39	31	27	15	10	1	-	149
Other	1	-	2	2	-	-	1	-	-	6

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*Private Practitioners

4. Dental Clinic Attendance

Dental clinic patient attendance shown on the table below represents an increase of 25 percent this year. In addition to the number of patients shown 88 dental patients were treated in the Geisinger area by a member of the local dental association. These patients, for whom standard clinic reports are not available, are not included in the tabular presentations in this report.

a. Total Number of Patients Attending Dental Clinics, by Clinic and Age

Clinic	Age								
	-5	5-14	15-24	25-34	35-44	45-54	55-64	65+	Unk.	Total
Total	-	15	47	22	19	15	4	1	2	125
Adams County*	-	3	15	12	6	6	2	1	1	46
St. Joseph's	-	-	5	-	2	-	-	-	-	7
Community General	-	-	-	2	-	-	-	-	-	2
Columbia County*	-	2	2	1	1	1	-	-	-	7
Coatesville	-	-	3	2	-	-	-	-	-	5
Franklin County*	-	-	7	2	2	1	-	-	-	12
Geisinger Area**	-	-	-	-	-	-	-	-	-	-
Potter County	-	2	7	1	4	3	-	-	1	18
Lancaster General	-	1	7	2	3	4	2	-	-	19
Sacred Heart	-	2	1	-	-	-	-	-	-	3
Other	-	5	-	-	1	-	-	-	-	6

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* Dentists in Private Offices

** Reports unavailable

b. Total Number of Visits to Dental Clinics, by Clinic and Age

Clinic	Age									
	-5	5-14	15-24	25-34	35-44	45-54	55-64	65+	Unk.	Total
Total	-	19	65	28	25	22	5	2	4	170
Adams County*	-	3	19	16	7	7	2	2	1	57
St. Joseph's	-	-	11	-	5	-	-	-	-	16
Community General	-	-	-	2	-	-	-	-	-	2
Columbia County*	-	2	2	1	1	1	-	-	-	7
Coatesville General	-	-	4	-	-	2	-	-	-	6
Franklin County*	-	-	10	3	2	1	-	-	-	16
Geisinger Area**	-	-	-	-	-	-	-	-	-	-
Potter County	-	3	8	2	6	3	-	-	1	23
Lancaster General	-	1	10	2	3	8	3	-	-	27
Sacred Heart	-	2	1	-	-	-	-	-	-	3
Other	-	8	-	2	1	-	-	-	2	13

E. Referrals to Clinics

1. Source of Referrals: The 15 Public Health Nurses engaged in project field operations this year were the primary source of referrals to the family health and dental clinics. Nearly three-fourths of the patients who attended project clinics were referred by these nurses.

   Most of the remaining patients came directly to clinics (self-referral). The remainder were referred by social workers, chaplains, crew leaders, family members, or friends.

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* Dentists in Private Offices

** Reports unavailable

a. Source of Referral By Age

Source	Age										
	Percent	Total	-5	5-14	15-24	25-34	35-44	35-54	55-64	65+	Unk.
Total	100.0	1,770	201	104	514	350	272	195	97	20	17
Public Health Nurse	71.9	1,272	144	83	360	256	193	138	80	12	6
Self	17.4	308	21	9	102	62	56	35	12	7	4
Social Worker	1.4	24	9	3	5	3	2	2	-	-	-
Other	6.9	123	24	7	34	21	19	10	3	1	4
Not Stated	2.4	43	3	2	13	8	2	10	2	-	3

2. Reason for Referral: During their camp visits, Public Health Nurses screened migrants for the detection of health, medical, and dental problems. Emphasis was placed on providing treatment to those migrants presenting definite medical complaints, rather than on conducting screening examinations. However, when a migrant requested a physical examination, his request was honored.

The following table indicates reasons for referral to clinics. The reasons for referral outnumber the number of patients seen, since many patients were referred for more than one reason.

Reason for Referral, by Age

		Age								
	Total	-5	5-14	15-24	25-34	35-44	45-54	55-64	65+	Unk.
Total	2,034	233	128	584	394	310	222	119	24	20
Tuberculosis, all forms	8	-	-	-	-	7	-	1	-	-
Syphilis and its sequelae	11	-	-	5	5	1	-	-	-	-
Gonococcal infection and other venereal diseases	25	-	-	19	5	-	1	-	-	-
Dysentery	1	-	-	1	-	-	-	-	-	-
Other bacterial diseases	5	3	-	-	2	-	-	-	-	-
Infestation with worms	25	18	4	-	2	1	-	-	-	-
Dermatophytosis	3	1	1	1	-	-	-	-	-	-
Other fungus infections	5	-	-	-	3	-	1	1	-	-
Neoplasms, all types	16	1	-	2	5	3	2	3	-	-
Allergic disorders	41	3	2	10	12	10	1	3	-	-
Diabetes mellitus	20	-	-	1	-	4	9	6	-	-
Metabolic disorders	7	-	-	4	2	1	-	-	-	-
Anemia	12	1	2	4	2	-	3	-	-	-
Mental, psychoneurotic and personality disorders	5	-	1	-	-	2	1	-	-	1
Epilepsy	11	-	-	1	2	3	2	3	-	-
Other diseases of the brain	6	1	-	-	1	2	2	-	-	-
Sciatica	1	-	-	-	-	-	-	-	1	-
Inflammatory diseases of eye	15	4	-	8	2	1	-	-	-	-
Other diseases and conditions of eye	16	2	1	5	1	1	5	1	-	-
Diseases of ear and mastoid process	20	5	1	10	-	1	3	-	-	-
Diseases of heart	5	-	-	-	2	-	3	-	-	-
Hypertensive diseases	16	-	-	-	-	11	3	-	2	-
Other diseases of circulatory system	16	-	-	5	2	7	2	-	-	-
Acute upper respiratory infections	217	61	20	54	25	26	18	10	3	-
Influenza	13	1	-	4	2	3	2	1	-	-
Bronchitis	6	2	-	1	-	1	1	1	-	-
Other diseases of the respiratory system	16	2	3	2	3	3	2	1	-	-

Reason for Referral, by Age (Continued)	Age									
	Total	-5	5-14	15-24	25-34	35-44	45-54	55-64	65+	Unk.
Dental caries	28	-	12	8	-	3	4	1	-	-
Toothache from unspecified causes	90	-	3	40	15	11	15	2	2	2
Other diseases of teeth and supporting structures	37	3	11	14	6	3	-	-	-	-
Other diseases of buccal cavity	13	3	2	4	2	1	1	-	-	-
Diseases of stomach and duodenum	54	1	-	8	19	12	12	2	-	-
Hernia of abdominal cavity	7	-	1	1	-	3	-	2	-	-
Other diseases of intestines and peritoneum	17	9	-	2	4	1	1	-	-	-
Diseases of liver and pancreas	2	-	-	-	-	1	1	-	-	-
Nephritis	2	-	-	1	-	-	-	1	-	-
Other diseases of urinary system	12	2	-	2	6	-	-	2	-	-
Diseases of male genital organs	10	-	-	3	2	3	-	2	-	-
Diseases of breast and female genital organs	49	1	3	27	14	2	1	1	-	-
Pregnancy and complications of pregnancy	124	-	-	81	32	9	-	-	-	2
Complications of the puerperium	1	-	-	1	-	-	-	-	-	-
Infections of the skin and subcutaneous tissue	13	2	1	1	4	1	1	3	-	-
Other diseases of the skin and subcutaneous tissue	34	3	5	6	7	-	10	3	-	-
Arthritis and rheumatism	19	-	-	9	2	4	2	2	-	-
Osteomyelitis and other diseases of bone and joint	14	1	-	2	-	3	3	3	2	-
Other diseases of musculoskeletal system	6	-	-	2	1	3	-	-	-	-
Congenital malformations	3	1	-	1	-	-	1	-	-	-
Diseases peculiar to early infancy	1	1	-	-	-	-	-	-	-	-

Reason for Referral, by Age (Continued)	Age									
	Total	-5	5-14	15-24	25-34	35-44	45-54	55-64	65+	Unk.
Symptoms referrable to:										
Nervous system and special senses	26	1	-	9	7	4	3	2	-	-
Cardiovascular and lymphatic system	17	2	-	3	4	2	3	2	-	1
Respiratory system	98	9	3	22	22	18	14	7	3	-
Gastro-intestinal tract	47	5	1	20	9	9	1	1	-	1
Genito-urinary system	23	1	-	4	8	6	-	4	-	-
Limbs and back	89	1	1	19	17	25	13	12	1	-
Other or general	68	15	12	11	13	7	4	5	1	-
Nervousness	12	-	-	4	1	5	2	-	-	-
Headache	39	1	2	15	10	4	5	2	-	-
Ill defined diseases	5	-	-	4	-	-	1	-	-	-
Fractures	14	-	-	4	3	4	3	-	-	-
Dislocations	1	-	-	-	1	-	-	-	-	-
Sprains and strains	9	-	-	5	2	-	1	1	-	-
Internal injuries	3	-	-	-	2	-	1	-	-	-
Lacerations and open wound	82	6	5	16	20	13	10	5	3	4
Superficial injuries	1	-	-	-	-	-	1	-	-	-
Contusions	8	-	1	2	1	2	1	-	1	-
Foreign body in pharynx or larynx	2	-	-	-	-	-	-	-	-	2
Burns	19	-	-	3	4	11	1	-	-	-
Effects of poisons	4	1	1	1	1	-	-	-	-	-
Other and unspecified injuries and reactions	38	3	3	11	7	6	5	3	-	-
Physical examination	165	27	10	37	29	29	21	7	5	-
Not stated	182	29	16	42	40	17	19	13	-	6
Illegible	4	-	-	2	1	-	-	-	-	1

F. Referrals to Other Sources of Care

Inter-state referrals are included in the Public Health Nursing section of this report. Public Health Nurses also made referrals to local sources of care when services were available. Data on the total number of intrastate referrals made this season are not available. However, data have been collected on further referrals made on patients who first attended project clinics. A summary of this referral data follows:

Clinic Patients Referred To
Another Source of Care

Referred To	Total	Complete	Incomplete
Hospital Admission	37	33	4
State Chest Clinic	12	11	1
State V.D. Clinic	2	-	2
Child Health Conference	1	-	1
Private Practitioner	4	3	1
Spec. Clinic - Dermatology	4	1	3
Spec. Clinic - Obstetrical	1	-	1
Spec. Clinic - Orthopedic	5	3	2
Spec. Clinic - Surgical	4	1	3
Other	24	5	19
Total	94	57	37

G. Clinical Findings

In general, the types of conditions treated in migrant out-patient clinics in 1966 were similar to those encountered by private physicians in general practice.

Conditions for which the greatest number of patients were treated include upper respiratory diseases, injuries resulting from accidents, and pregnancy. Compared with the previous year, the number of cases of upper respiratory diseases remained about the same while the incidence of pregnancy and accidental injuries increased considerably.

Although methods of screening and referral were similar, the number of cases of venereal diseases decreased from 62 in 1965 to 23 in 1966. The increase shown in the incidence of diseases and conditions of teeth and supporting structures reflects the greater emphasis on dental care.

Clinical Findings, by Age

	Age									
	Total	-5	5-14	15-24	25-34	35-44	45-54	55-64	65+	Unk.
Total	2077	243	122	593	406	323	225	123	24	18
Tuberculosis, all forms	8	1	-	1	1	4	1	-	-	-
Syphilis and its sequelae	5	-	-	3	2	-	-	-	-	-
Gonococcal infection and other venereal diseases	18	-	-	10	7	-	1	-	-	-
Dysentery	1	-	-	1	-	-	-	-	-	-
Other bacterial diseases	6	3	1	-	2	-	-	-	-	-
Diseases attributable to viruses	4	2	1	1	-	-	-	-	-	-
Trypanosomiosis	1	-	-	-	1	-	-	-	-	-
Hydatid disease	1	-	-	-	1	-	-	-	-	-
Infestation with worms	17	16	1	-	-	-	-	-	-	-
Dermatophytosis	6	-	2	3	-	-	-	1	-	-
Other infective and parasitic diseases	6	2	-	1	1	-	1	1	-	-
Malignant neoplasm of skin	1	-	-	1	-	-	-	-	-	-
Benign neoplasms	14	1	-	2	8	1	1	1	-	-
Asthma and other allergic disorders	29	3	1	6	8	8	2	1	-	-
Diabetes mellitus	13	-	-	1	-	2	8	2	-	-
Diseases of endocrine glands	2	-	-	2	-	-	-	-	-	-
Other metabolic and nutritional diseases	10	-	1	1	4	2	2	-	-	-
Anemia	9	1	-	4	1	1	2	-	-	-
Mental, psychoneurotic and personality disorders	8	-	-	1	3	3	-	1	-	-
Epilepsy	8	-	-	1	2	1	2	2	-	-
Other diseases of central nervous system	4	-	-	-	2	-	2	-	-	-
Diseases of nerves and peripheral ganglia	5	-	-	-	2	-	2	-	1	-
Inflammatory diseases of eye	16	7	-	5	2	1	-	1	-	-
Other conditions and diseases of eyes	17	2	1	2	3	2	5	2	-	-
Diseases of ear and mastoid process	26	10	1	12	-	3	-	-	-	-

Clinical Findings, by Age (Continued)

		Age								
	Total	-5	5-14	15-24	25-34	35-44	45-54	55-64	65+	Unk.
Chronic rheumatic heart disease	3	-	-	-	1	-	2	-	-	-
Other diseases of the heart	4	-	-	1	3	-	-	-	-	-
Hypertensive diseases	26	-	-	-	5	13	5	2	1	-
Other diseases of the circulatory system	17	2	-	4	3	3	3	2	-	-
Acute upper respiratory infections	180	54	23	43	27	14	13	6	-	-
Influenza	16	1	-	3	4	4	2	2	-	-
Pneumonia	6	1	-	-	1	2	2	-	-	-
Bronchitis	33	3	1	1	5	10	7	4	2	-
Other diseases of the respiratory system	45	7	6	16	3	5	6	1	1	-
Dental caries	110	-	13	45	18	18	12	2	1	1
Toothache from unspecified causes	20	-	2	6	1	6	4	-	-	1
Other diseases of teeth and supporting structures	23	-	2	8	7	1	3	1	1	-
Other diseases of the buccal cavity	7	1	-	3	-	-	1	2	-	-
Diseases of stomach and duodenum	29	2	-	8	8	5	5	1	-	-
Hernia of abdominal cavity	12	2	1	3	-	1	2	3	-	-
Other diseases of intestines and peritoneum	28	8	-	6	8	2	3	1	-	-
Diseases of liver, gallbladder and pancreas	8	-	-	-	1	2	5	-	-	-
Nephritis	1	-	-	-	-	1	-	-	-	-
Other diseases of urinary system	27	2	-	9	10	1	2	3	-	-
Diseases of male genital organs	26	2	1	7	6	4	-	5	1	-
Diseases of breast and female genital organs	67	2	3	31	25	5	1	-	-	-
Pregnancy and complications of pregnancy	102	-	-	66	28	8	-	-	-	-
Complications of the puerperium	1	-	-	1	-	-	-	-	-	-
Infections of skin and subcutaneous tissues	39	5	3	5	7	7	6	6	-	-
Other diseases of skin and subcutaneous tissues	61	8	8	13	13	4	10	5	-	-

Clinical Findings, by Age (Continued

	Total	-5	5-14	15-24	25-34	35-44	45-54	55-64	65+	Unk.
					Age					
Arthritis and rheumatism	21	-	-	7	1	6	3	3	1	-
Osteomyelitis and other diseases of bone and joint	18	1	-	4	2	5	2	3	1	-
Other diseases of musculoskeletal system	20	1	-	1	4	5	5	1	1	2
Congenital malformations	6	3	-	2	-	-	1	-	-	-
Diseases peculiar to early infancy	3	3	-	-	-	-	-	-	-	-
Symptoms referrable to:										
Nervous system and special senses	19	-	1	5	4	4	3	2	-	-
Cardiovascular and lymphatic system	16	1	-	4	2	1	5	3	-	-
Respiratory system	82	9	3	13	17	15	13	9	2	1
Gastrointestinal tract	48	8	4	19	7	7	1	1	-	1
Genito-urinary system	10	2	-	5	1	2	-	-	-	-
Limbs and back	51	-	-	10	9	15	8	9	-	-
General and other	29	5	5	5	6	1	3	4	-	-
Nervousness and debility	8	-	-	4	1	3	-	-	-	-
Headache	17	-	-	5	6	3	2	1	-	-
Other ill-defined diseases	3	-	-	1	1	1	-	-	-	-
Fractures	12	-	-	4	3	5	-	-	-	-
Dislocations	1	-	-	-	1	-	-	-	-	-
Sprains and strains	18	-	-	10	2	2	3	1	-	-
Head injuries (excluding skull fractures)	13	3	-	3	2	3	-	1	-	1
Internal injuries	2	1	-	-	-	-	1	-	-	-
Lacerations and open wounds	66	7	5	16	16	6	8	2	3	3

Clinical Findings, by Age (Continued)

	Age									
	Total	-5	5-14	15-24	25-34	35-44	45-54	55-64	65+	Unk.
Superficial injury	1	-	-	-	-	1	-	-	-	-
Contusions	14	-	1	5	1	4	-	-	3	-
Burns	15	1	-	2	-	11	1	-	-	-
Effects of poison	3	1	-	-	1	-	-	-	-	1
Effects of hunger	1	-	-	-	-	-	1	-	-	-
Other and unspecified injuries and reactions	28	2	3	8	9	3	3	-	-	-
Physical examinations without findings	40	4	1	9	11	10	4	-	1	-
Not stated	368	43	27	108	61	64	33	21	4	7
Illegible	18	-	-	6	4	2	2	4	-	-

H. Educational Efforts

1. Indoctrination of Clinic Personnel: Contracts were negotiated with hospitals and private physicians for the provision of clinical services. These contracts specified types of services to be rendered, methods of billing and payment, and other pertinent information. Department of Health personnel met with hospital administrators, staff members, physicians and dentists to explain procedures and policies before clinic operation began. Many of these had prior project experience and were quite familiar with project operation.

   Project nurses handled most of the direct liaison with clinic staffs during the season.

2. Educational Efforts with Migrants: Clinic staff members conducted their educational efforts with migrants on a one-to-one basis. It was necessary to explain clinical findings and the regimen to be followed. Project nurses aided the clinic staff in these efforts either at the clinic or during follow-up visits to migrant camps. Table 'a' below summarizes public health nursing follow-up of patients seen in clinics.

a. Public Health Nursing Follow-up on Clinic Patients by Age

Service	Age									
	Total	-5	5-14	15-24	25-34	35-44	45-54	55-64	65+	Unk.
Total	1,128	119	68	315	222	178	137	70	13	6
Counselling	262	31	16	74	64	36	27	13	1	-
Instruction	470	49	21	115	75	88	72	40	7	3
Nursing Care	99	14	7	38	17	7	10	5	1	-
Other	297	25	24	88	66	47	28	12	4	3

3. Use of Personal Health Records (PHS-3652): Clinic staff members were instructed to ask migrants for Personal Health Records (PHS-3652) when they visited a clinic.

In past project years so few migrants had these health cards or presented them even on revisits to a clinic that some staff members discontinued asking for cards. However, this year there has been some improvement in the use of the cards by migrant patients.

Table 'a'shows that 12 percent of the patients treated in 1966 presented health cards on their first visits. Although this proportion is small, it represents considerable improvement over the previous year when fewer than five percent presented cards.

a. Patients With Health Cards on First Visit by Age

			Age								
	Percent	Total	-5	5-14	15-24	25-34	35-44	45-54	55-64	65+	Unk.
Total	100%	1,130	132	81	313	218	173	125	63	12	13
Yes	12%	135	18	11	41	19	16	20	8	1	1
No	67%	761	82	48	220	150	122	79	46	9	5
Not Stated	21%	234	32	22	52	49	35	26	9	2	7

If a migrant did not have a health card, he was to have been given a card and instructed to present it every time he received medical care. Of the 761 patients who did not have a card on their first clinic visit, 479 were presented with new cards.

b. Patients Given Health Cards During First Clinic Visit, by Age

			Age								
	Percent	Total	-5	5-14	15-24	25-34	35-44	45-54	55-64	65+	Unk.
Total	100%	761	82	48	220	150	122	79	46	9	5
Yes	63%	479	40	27	142	93	77	58	33	7	2
No	19%	147	18	13	47	30	25	6	5	1	2
Not Stated	18%	135	24	8	31	27	20	15	8	1	1

Data have also been tabulated this year on the number of migrants who presented cards on revisits to project clinics. Of the 640 revisits made to clinics this year, 276 (43%) were made by patients who presented health cards.

c. Patients With Health Cards on Second Clinic Visit by Age

			Age								
	Percent	Total	-5	5-14	15-24	25-34	35-44	45-54	55-64	65+	Unk.
Total	100%	640	69	23	201	132	99	70	34	8	4
Yes	43%	276	31	10	79	60	36	36	21	2	1
No	32%	203	22	6	66	45	33	19	9	1	2
Not Stated	25%	161	16	7	56	27	30	15	4	5	1

It would seem that migrants can be taught the value of health records. The use of the Personal Health Record will continue to be stressed with project field and clinic personnel.

I. Factors Hindering Effectiveness of the Project

During the operation of the project, a number of factors have presented obstacles to the accomplishment of project objectives. These difficulties have been met with varying degrees of success. Major problems and attempts to overcome them are listed:

1. Transportation: The lack of public transportation in most project areas and the unavailibility of private transportation to many migrants continues to be one of the most frustrating problems encountered.

   Utilization of contracted bus services has greatly diminished this problem in several project counties. However, in most of the remaining counties farm labor camps are too small and too widely scattered to allow economical use of bus service. Bus transportation can only be used in those areas where special migrant clinics are conducted; in fee-for-service areas appointments are arranged for different times and places throughout the week.

   Project nurses have requested, and usually received, assistance from a wide variety of sources in transporting migrants to health service facilities. Social workers, chaplains, volunteers from migrant committees and other civic organizations, growers and crew leaders have all lent helping hands.
2. Lack of Cooperation of a Few Growers and Crew Leaders: A few growers and crew leaders have been reluctant to cooperate in providing health care. Their numbers are steadily decreasing.

Each year the educational efforts of project nurses and favorable experiences with project activities have eroded resistance.

Growers and crew leaders alike are becoming more aware of migrant's health needs and of health services available.

3. Failure of Some Migrants to Accept Health Responsibilities: In a number of instances migrants have failed to keep appointments or to follow the instructions of clinicians or nurses. This apathy was particularly evident in the acceptance of dental services.

   There has been some improvement in migrants' awareness of health needs and acceptance of health services. This has been particularly true among southern migrants. It appears that the educational efforts of migrant health workers along the stream are beginning to reap some benefits.

   Increased efforts should be made toward identifying health education needs and developing methods and tools for use in health teaching with migrants.

4. Lack of Funds For In-patient Care: The Pennsylvania Department of Public Welfare has, for several years, waived residency requirements in providing paid hospital care for migrants. There have, however, been two major problems in the provisions of hospital care.

   First, no allowance has been made under the Welfare program for the payment of fees for professional services. There has been no problem in obtaining emergency care, but it has been difficult to obtain surgical services for migrants with conditions that were not life threatening; two examples are the repair of umbilical hernias, and circumcisions.

Secondly, costs incurred by the hospitalization of a number of migrants have been unpaid because casework was not accomplished before the migrant left Pennsylvania.

Migrants frequently return to their home bases immediately upon being discharged from hospitals. Consequently, forms and interviews required to establish eligibility are not completed, and Welfare payment can not be made for hospital bills.

Several major revisions are being made to Department of Public Welfare regulations. Effective July 1, 1967 allowance will be made for payment of surgical and obstetrical fees incurred by the treatment of the medically indigent in Pennsylvania. Services for non-residents have been expanded.

Project nurses have received instruction on Department of Public Welfare requirements for payment of hospital expenses. They have been directed to notify social workers either when a migrant is admitted or, when admission is anticipated, in advance of admission. They have also been directed to provide all possible assistance to social workers in completing requirements to establish a migrant's eligibility for service.

5. Shortage of Physicians and Public Health Nurses: Each year the shortage of public health nurses available for employment on the project becomes more evident. This year, although funds were approved for eighteen public health nursing positions, only fourteen nurses were recruited. Recruiting of this number of nurses was accomplished by intensive efforts on the part of dedicated public health nurses from all levels of the Pennsylvania Department of Health's staff.

Plans are now being developed for the use of public health assistants to perform sub-professional duties under the direction of public health nurses. This team approach should effectively extend the reach of the public health nursing staff in providing services to the migrant community.

The heavy demands placed on physicians in rural areas have made it increasingly difficult for doctors to set aside time for migrant clinic duties. This year it was impossible to staff a clinic at the Bloomsburg Hospital.

Efforts to tailor the administration of project services to the staff and facilities available in local areas are being continued. The Pennsylvania Medical Society and the medical societies of project counties have made commendable efforts to meet the needs of migrants in the State.

J. Factors Contributing to Effectiveness of the Project

Just as there were obstacles to effective project operation, there were factors which contributed greatly to project success. Viewing overall project operation evidences the fact that these aids by far outweighed problems encountered. Some key factors in project operation were:

1. The cooperation and assistance of most growers and crew leaders, and the willingness of the majority of migrants to accept their health responsibilities.
2. The enlightened leadership and cooperation shown by the various government agencies and volunteer groups concerned with the welfare of migrants.
3. The effectiveness and dedication with project public health nurses worked toward the accomplishment of project goals.
4. The endorsement of the project by the Pennsylvania Medical Society and the County Medical Societies within the project area.
5. The willingness with which participating hospital staffs and clinicians accepted the additional duties imposed by project activity and their humanitarian approach to their dealings with migrants.
6. The endorsement of the project by the Pennsylvania Dental Association and the Dental Societies in the project area.

K. General Appraisal of Results of the Project

Clinical services offered this year were adequate to meet most of the basic health needs of migrants in the project area. The addition of Columbia County to the area served by Geisinger Medical

Center resulted in excessively large clinic patient loads with more than 50 patients attending several of the clinic sessions. Since an increase is anticipated in the migrant population of this area, additional sources of outpatient care will be required.

Transportation has continued to be a major problem in several counties. In those areas where it has been impractical or impossible to contract for transportation services, some migrant patients have been unable to reach medical facilities. Efforts to secure additional transportation in these areas will continue. Alternate sources of treatment, nearer to areas of migrant concentration, will be investigated.

Again this year the need was demonstrated for provisions for the payment of surgical and obstetrical fees. It has been difficult for migrants to obtain surgical care that could be classed as necessary rather than emergency. In 1967 changes to Pennsylvania Department of Welfare regulations will make funds available for the payment of these fees.

Project nurses have reported steady improvement in community attitude toward provision of service to migrants. Growers and interested individuals and groups in migrant areas are showing more interest in the migrants health needs and are offering more assistance to the migrants in obtaining health care.

CHAPTER III

PUBLIC HEALTH NURSING SERVICES

Chapter III

Public Health Nursing Services

A. Overview

Successful operation of the Pennsylvania Migrant Health Project has been dependent on effective public health nursing. The dedicated efforts of project nurses have resulted in increased use of health facilities and a greater awareness among migrants of their health needs.

The major portion of project nurses' time was spent in visiting migrant camps to identify health needs, refer migrants in need of care to appropriate facilities, and offer supportive guidance and technical nursing care for the accomplishment of clinical recommendations.

Nurses obtained and recorded patient information for clinic use, arranged for transportation of patients when required, and, when possible, attended migrant family health service clinics. Attendance at clinics offered an excellent opportunity for health teaching and permitted the nurse to obtain first-hand information on clinical recommendations.

Project nurses, because of their familiarity with other Department of Health programs, were able to refer migrants in need of special health services to appropriate sources of care. Close liaison was maintained with a variety of public and volunteer agencies in order to provide a more comprehensive program of service for the migrant and his family.

B. Nursing Staff

Fourteen public health nurses were employed full-time on the project. Of these, 13 were supported by grant funds and the services of the fourteenth were contributed by the Pennsylvania Department of Health. A USPHS COSTEP Nurse was assigned to the Lancaster County project. Regular field staff nurses of the Department became involved in the project in varying degrees through the season. Field nurses worked under the direction of ten area supervising public health nurses. These area nurses were in turn administratively supervised by four regional public health nursing consultants.

Periods of employment of nurses in the various project counties were determined by the duration of migrant activity in each area. The first nurses to be employed this season began work in July. By the end of November field activity terminated in 14 project counties. Employment of the nurse in Berks County has been continued to provide service to migrants who will work through the winter in mushroom houses.

The effectiveness of public health nursing efforts was increased by the use of public health nurses with past experience with migrants. Eight of the nurses employed had worked on the project for at least one season before this year.

C. Camp Visits During the Project

Project nurses attempted to visit regularly all of the migrant camps in the project area. In those areas where there are a small number of relatively large camps, nurses usually visited the camps daily. In those areas where there are many small camps in scattered locations, nurses attempted to visit the camps at least once a week. As health needs were identified in various camps, nurses adjusted their schedules to best meet these needs. Camps housing large percentages of women and children usually required more frequent visits than those housing young adult male workers.

A summary of data on camp visits follows. In two counties, Berks and Lehigh, records of visits were kept on individuals only; information is not available on the number of camp visits. The number of individuals or families shown reflects the number of individuals who received a specific service. Normally, the nurse will, in the course of a camp visit, encounter other individuals. It would be difficult to estimate how many of these ultimately benefit from her services.

Summary of Public Health Nursing Camp Visits

County	No. Nurses	No. Camps Visited	No. of Camp Visits	No. of Families or Individuals Visited
Adams	2	89	302	118
Berks[I]	1	17	*	427
Chester	1	10	88	46
Columbia	1	10	86	125
Franklin	1	44	208	77
Lackawanna & Wyoming	1	6	159	132
Lancaster	2	59	166	256
Lehigh	1	29	*	125

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* Not available; records kept on individuals only

[I] Excludes mushroom camps

County	No. Nurses	No. Camps Visited	No. of Camp Visits	No. of Families or Individuals Visited
Luzerne	1	5	85	61
Montour, Snyder Northumberland & Union	3	20	262	259
Potter	1	6	268	108
Total	15	295	1,624[2]	1,734

Most growers in the project area are familiar with project services and are quite willing to have the nurse visit their camps. There was reluctance to participate in the project on the part of some growers in the county added this year. This reluctance is expected to diminish as the role of the nurse and the purpose of the project are better understood by growers in the area.

Southern migrants are becoming accustomed to public health nursing visits and are often awaiting the arrival of the nurse when she makes her first visit to a camp. Puerto-Rican migrants are more reticent and it often requires several visits to win their confidence.

D. Referrals to Health Service Facilities

Data on referrals to migrant family health service and dental clinics were included in the preceding chapter. Intrastate referral data on patients attending family health service clinics were also included.

Project nurses also made referrals to sources of care other than project sponsored clinics. Referrals were made to health service facilities sponsored by a variety of public agencies and volunteer organizations. Several patients were provided with eyeglasses by the Pennsylvania Association for the Blind. Free emergency and dental treatment was provided by several privately operated clinics. Diagnostic and treatment services were provided on several occasions by both State and community hospitals.

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[2] Excludes Berks and Lehigh Counties

Nurses assigned to areas in which there were day care centers operated for migrant children made frequent visits to the centers. Through the Department of Health's Maternal and Child Health Program, arrangements were made for physical examinations and immunizations. When treatment was recommended by the examining physician, nurses referred the children to migrant clinics. Over 300 migrant children attended Child Health Conferences this season. Many of these conferences were held in day care centers. The willingness of physicians to travel to these remote locations relieved the necessity of transporting children long distances for examination.

Project nurses also made referrals to non-health facilities. In their travels they detected other needs among migrants. Nurses assisted migrants to obtain surplus food and emergency cash welfare grants. They worked closely with chaplains and social workers; each would alert the other to service needs observed. Nurses also helped arrange admission of migrant patients in both State and community hospitals.

E. Interstate Referrals

Before the beginning of the 1966 season, several members of the project staff attended an Inter-State Conference on Migrant Health Education in Atlantic City, New Jersey. Discussions of continuity of care and of the Florida Referral System stimulated the interest of the group in itensifying efforts toward the exchange of information with other states. Apparently members of other project staffs had similar reactions to the discussions.

During 1965 operations, six inter-state referrals were initiated by Pennsylvania Migrant Health Project personnel. A total of 47 referrals were received from other states. This season a total of 67 inter-state referrals were received. Of these the majority were initiated by the Accomac-Northampton Health District in Virginia.

Nurses assigned to the Pennsylvania Migrant Health Project were encouraged to make maximum use of the inter-state referral system. A total of 117 inter-state referrals initiated in Pennsylvania were channeled through the project office this season. Of these, over two-thirds were directed to health agencies in Florida.

Project nurses were asked to route all referrals they initiated, and all replies to referrals they received, through the project office. However, there were some instances where, for a number of reasons, correspondence was sent directly to other states. The total number of referrals therefore slightly exceeded the number reported in the following tables:

1. Number of Interstate Referrals by State

	Received from Other States		Sent to Other States	
State	Number	Percent	Number	Percent
All States	67	100%	117	100%
Alabama	--	--	1	.9%
Florida	18	27%	79	67.5%
Georgia	--	--	4	3.3%
Maryland	--	--	1	.9%
Montana	--	--	1	.9%
New Jersey	--	--	1	.9%
New York	1	1.5%	5	4.3%
North Carolina	1	1.5%	2	1.7%
South Carolina	4	6%	2	1.7%
Virginia	43	64%	15	12.8%
District of Columbia	--	--	2	1.7%
Puerto Rico	--	--	3	2.5%

2. Outcome of Referrals Sent to Other States by Service Requested*

Service Requested	Total	Service Provided	Not Located	No Reply
Cancer Cytology	1	--	--	1
Cardio-Vascular	17	3	1	13
Chest X-ray	6	2	--	4
Health Appraisal	15	3	1	11
Dental	2	1	--	1
Diabetes	9	2	--	7
Immunizations	2	1	--	1
Internal Parasites	1	--	--	1
Nutritional	1	--	--	1
Prenatal	18	2	3	13
Post Partum	7	--	--	7
Tuberculosis	24	1	2	21
Venereal Disease	7	1	--	6
Other	72	18	4	50
Total	182	34	11	137
Percent	100%	19%	6%	75%

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* Total types of service requested will exceed total number of referrals, since some patients were referred for more than one service.

3. Outcome of Referrals Received From Other States by Service Requested*

Service Requested	Total	Service Partially Provided	Service Completely Provided	Located but Service not Provided	Not Located
Chest X-ray	1	1	--	--	--
Health Appraisal	41	6	15	6	14
Immunizations	8	8	--	--	--
Nutrition	4	2	2	--	--
Postpartum	3	2	--	--	1
Prenatal	11	2	8	1	--
Intestinal Parasites	1	--	--	--	1
Tuberculosis	12	6	6	--	--
Venereal Disease	3	2	--	--	1
Other	6	1	2	3	--
Total	90	30	33	10	17
Percent	100%	33%	37%	11%	19%

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* Total types of service requested will exceed total number of referrals, since some patients were referred for more than one service.

E. Educational Efforts

Early in this year's season nine local orientation meetings were conducted in the project area. A committee of State representatives of major programs providing service to migrants prepared the agenda and schedule for the meetings. Nurses, chaplains, social workers, sanitarians, camp inspectors, school and day care personnel were included among those invited to attend. State and regional representatives of the participating programs explained the broad objectives of their programs to familiarize the local staff with services available through the various activities. Local staff personnel were then introduced to the group and given the opportunity to explain their roles in the community. Time was allotted for general discussion of local problems. Specific problems in communication, transportation, and other areas were solved in some instances, and improved working relationships were established.

Local response to these meetings was favorable, and it has been suggested that similar meetings be conducted at the beginning of each harvest season.

Nurses, sanitarians, and other health personnel also attended meetings with growers, hospital staff members, and other interested individuals and groups throughout the season.

On her initial visit to each camp the public health nurse contacted the grower and, if available, the crew leader to explain the project, secure permission to visit the camp, and gain cooperation in meeting health needs within the camp.

Health teaching was usually performed by the nurses on a one-to-one basis or with small groups. This seems to be the most effective approach to be used with migrants. Data on instruction and counseling of clinic patients appears in the preceding chapter.

Poster, pamphlets, and flyers were used to reinforce health teaching. However, little prepared health literature is suitable for use with migrants. Most materials are written beyond the reading level of the majority of migrants. Others are written in so elementary a manner as to be insulting to the intelligence of the migrant.

Materials to be used with migrants should be developed specifically for this purpose. There has been good response from project nurses to the use of the series of pamphlets the Florida Department of Health developed this year. These pamphlets and the crude posters and drawings prepared by field nurses have been, in the opinion of the nurses, the most effective materials used this season.

Efforts to recruit a full-time public health educator for the project were unsuccessful. A public health education trainee was assigned full-time to the project for most of the season by the Department's Division of Public Health Education.

She developed posters and flyers describing project services, and she participated in the pre-season orientation meetings. During the season she visited health centers in the project area and made field trips to migrant camps. An attempt was made to identify major health education needs and to obtain appropriate educational materials for the use of project nurses. Liaison work was conducted with local representatives of other programs,and community resources within the various counties of the project area were catalogued for future project use.

Nutrition consultants from the Department of Health and Regional Health Offices also attended meetings with representatives of other programs. In those areas where day care centers were conducted conferences on menu planning, food preparation, food service were held with staff members.

The Region V Nutrition Consultant conducted food lessons and "tasting parties" for migrant children and their parents at the Bendersville Day Care Center. Parents were particularly interested in easy-to-prepare recipes, recipes using USDA foods, and recipes that can be prepared while traveling. The nutrition consultant also assisted the Director of the Adams County Opportunity Center to locate an instructor for a migrant homemaking class.

Although health education efforts with migrants have been handicapped by a number of factors, some results are being observed. One of the project nurses voiced the opinion that has been expressed by a number of the nurses who have worked several years on the project.

> "The migrants each year become more aware of their physical well-being and are more easily approached concerning their physical conditions. I feel they look for more preventive and corrective care than they have in previous years."

F. Working Relationships Developed

> "Recognition must be given to the excellent cooperation from individuals and other agencies and groups attributing to the success of the Program..."

This statement from a report submitted by one of our project nurses expresses the reaction of the entire project staff to the cooperative spirit that has been demonstrated by people in service to migrants throughout the State.

Among those with whom working relationships have been developed are: The Migrant Ministry, local migrant committees, social workers and day care staff, school administrators and staff, hospital administrators, growers associations, Department of Labor and Industry inspectors and Farm Labor Service representatives, project personnel on several OEO funded migrant projects, County Commissioners, representatives of various programs within the Department of Health, and various other private and public agencies.

Assistance was provided at all stages of project development. Information was provided to aid pre-season planning. Hospitals, private physicians and dentists graciously offered their services. Sanitarians and camp inspectors helped nurses locate camps and meet growers and crew leaders. Assistance was provided in transporting migrant patients to clinics. Project nurses have described their experience in the following statements:

> "....I feel more agencies were involved in the total picture.... The growers are more aware of the health efforts; they initiated requests for help in solving social and health problems.... The crew leaders accept and approve of the health programs offered to their employees....
>
> "....Two crew leaders came to the clinics to assist with the children.
>
> "....Mr. and Mrs. --------- were also very responsible crew leaders. They are interested in the workers and aid us in caring for them.... This camp has a telephone, and when I had appointments made for their workers or messages to deliver, I could call and tell them, knowing they could be depended upon.
>
> "....The mothers were interested in securing health services for their little ones and are beginning to see the need for preventive care and

observation."

G. Appraisal of Nursing Services

Response to project nursing services has continued to be favorable at all levels. The value of the efforts of our project nurses has been recognized and voiced on numerous occasions by members of the Governor's Committee on Migratory Labor, by other groups concerned with the plight of the migrant, and by many migrants themselves.

Perhaps one of the most rewarding appraisals of project nursing activity was made by a chaplain assigned by the Ministry to Migrants to one of the project area counties. At a pre-season meeting the chaplain voiced strong criticism of project plans for the county. He felt that only a token effort was being planned for migrant health services in his county. At the end of the season he approached a member of the project staff and commented most favorably on the results of the project. In speaking of the nurse he stated, "I never knew that one person could do so much."

CHAPTER IV

SANITATION

Chapter IV

Sanitation

A. Overview

Pennsylvania migrant camp owners are required to submit applications for camp licenses to the Pennsylvania Department of Labor and Industry in advance of the anticipated period of camp occupancy each year. Before a camp license is issued, the camp must be inspected to insure that it meets the minimum standards established by State regulations.

Responsibility for the enforcement of migrant labor camp regulations is vested in two separate agencies, the Department of Labor and Industry and the Department of Health.

Personnel from the Department of Labor and Industry inspect camps for compliance with regulations for building construction, space requirements, lighting and heating facilities, sleeping accommodations, fire prevention, and safety.

Sanitarians from the Department of Health inspect camps to determine if they meet minimum standards for water supply, sewage disposal, garbage disposal, insect and rodent control, and central food service facilities.

After approved inspection reports are received from both sources, a license is issued by the Department of Labor and Industry to the camp owner.

B. Staff

Forty-four of the regular compliment of Department of Health sanitarians spent part of the time this season on the inspection of migrant camps. Two summer environmental health trainees were assigned for the summer in Lehigh and Berks counties. Experienced sanitarians are familiar with the local area and with local camp conditions. They are, therefore, very effective in the inspection program. Unfortunately, peak activity in a number of other programs for which these same sanitarians are responsible, coincides with peak migrant camp inspection activity. Included in the sanitarians' summer work load are swimming pools, parks and recreation facility inspections. Consequently, insufficient staff time is available for follow-up of defects noted or for health education efforts. The addition of ten summer environmental health workers is required to conduct an adequate farm labor camp sanitation program.

C. Sanitation Services Related to Camps

License applications were received for 404 migrant camps this year. The Department of Health was provided with copies of these applications so that sanitation inspections could be conducted.

Due to staff shortages in several counties, not all camps were inspected. Of the 404 camps for which licenses were applied, 60 received no inspection. Three-hundred forty-four camps were inspected at least once, but not all of these were reinspected.

Violations noted during initial inspections fell into the categories listed:

	Violations
1. Water supply	87
2. Sewage disposal	59
3. Refuse storage and disposal	127

	Violations
4. Toilet facilities	145
5. Insect and rodent control	56
6. Operation and maintenance	110
Total	584

D. Field Sanitation

Existing regulations in Pennsylvania do not require that sanitary facilities be provided for migrants while they are working in the fields. Since past inspections have been limited to the main camp, little is known about water and sewage facilities available for the use of pickers in the fields.

Observations made by sanitarians as they travel in crop areas indicate that field workers are not provided with acceptable toilet facilities and are either drinking water from streams or are transporting water from camps to field locations in unsanitary makeshift containers.

If the proposal for the addition of ten summer environmental health workers to the staff of the Division of Sanitation is approved, the conduct of a survey of field sanitation facilities will be included in their duties.

Survey data will be used to formulate any additional changes needed in the Migrant Labor Camp Sanitation Regulations and to extend program activity in this area if warranted.

E. Educational and Motivational Efforts

Educational efforts have been geared toward individual counseling. As a matter of policy the grower and crew leader, if available, are asked to accompany the sanitarian on his inspection.

Any existing deficiencies are pointed out, and methods of correction are discussed. Since efforts are made to inspect the camps before occupancy, crew leaders have not usually arrived in the area. Return visits are necessary in order to instruct the crew leader on proper methods of maintaining sanitary conditions in the camp.

For the ninth consecutive year a Camp and Crew Leader Award Program was conducted under the auspices of the Governor's Committee on Migratory Labor.

Motivation toward the improvement of camp conditions is the intent of the program. Recommendations for awards were submitted by interested groups or individuals and by Department of Health Sanitarians and Labor and Industry Camp Inspectors. Their recommendations for awards were then reviewed by a sub-committee of the Governor's Committee on Migratory Labor. A total of 12 Crew Leader Awards and 49 Camp Awards were presented. The awards certificates, signed by the Governor, were presented by the Secretary of Labor and Industry to award winning growers and crew leaders.

F. Working Relationships Developed

Department of Health Sanitarians have attended meetings of growers and citizens groups throughout the Commonwealth in an attempt to diseminate information on camp housing standards and to solicitate the aid of these groups in improving camp conditions.

As a result of the dual inspection responsibilities of the Departments of Health and of Labor and Industry, a close working relationship has developed. This spirit of cooperation has extended to the field, and sanitarians and housing inspectors frequently conduct joint inspections.

Sanitarians have been most helpful in providing information on camps to project nurses. They have frequently traveled with the nurses to assist them in locating camps and in meeting growers and crew leaders.

G. Problems Hindering Improvements

During the past few years tremendous strides have been made in improving the physical facilities of many migrant camps. Each year more camps have been rebuilt. In some parts of the State nearly all camps consist of recently constructed cinder block motel-type housing units.

The need still exists for improvement of basic housing facilities in many camps, but there is an upward tread in the provision of adequate housing. Considering the fact that most migrant camps within the State operate on relatively small farms or orchards and house small numbers of migrants, growers are to be commended for these improvements. The dollar outlay required for new camp construction represents a considerable investment for smaller growers.

Review of the 1965 and 1966 camp sanitation inspection reports shows the majority of violations are in areas of maintenance rather than construction. Misuse of camp facilities has resulted in damaging of screening, accumulation of refuse, fouling of toilets, and improper handling and storage of food. Intensive educational efforts will be required to improve this situation.

Regulations do not clearly define responsibility for camp maintenance. The burden has fallen on the camp owner when enforcement of maintenance requirements has been necessary. Many growers offer the crew leader a bonus at the end of the season for leaving the camp in good order. The number of bonuses paid indicates that the crew leader is capable of properly maintaining a camp. Better camp sanitation would in all probability, result from fixing by regulation at least a portion of the responsibility for camp maintenance on the crew leader.

H. General Appraisal

Community awareness of the need for decent living conditions for migrants is improving. The efforts of Sanitarians and Camp Inspectors together with those of local migrant committees have been valuable in developing better community attitudes. Construction and rennovations of housing facilities have been advanced at a steady rate. Nine new camps were constructed in Pennsylvania this year.

There is considerable room for improvement of camp maintenance. Those sanitarians and nurses who have been visiting camps for several seasons have observed a decline in sanitary conditions in many camps. Part of the apathy to camp conditions this year may be the result of poor crop yields. Poor picking, with resulting idleness and decreased income for migrant workers had a deteriorating effect on camp morale.

Staff shortages throughout the State have resulted in inadequate follow-up on many unsatisfactory inspections. The addition of the ten summer environmental health trainees proposed for next year should relieve this situation.

RULES AND REGULATIONS
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

CHAPTER 4

Article 414

Regulations For Migrant Labor Camp

Under the Provisions of the Act of 218, April 27, 1905 P.L. 312 as amended and all other applicable laws, the rules and regulations of the Department of Health are hereby amended as follows:

Section 1. Definitions.

A. *Migrant Labor Camp*—herein after referred to as "camp," includes one or more buildings or structures, tents, trailers, or vehicles, together with the land appertaining thereto, established, operated or used as living quarters for seasonal or temporary workers engaged in agriculture activities, including related food processing.

B. *Refuse*—means all putrescible and nonputrescible solid waste except body waste, including garbage, rubbish, and ashes.

C. *Garbage*—means all putrescible animal and vegetable wastes resulting from the handling, preparation, cooking, and consumption of food at a camp.

D. *Sanitary Landfill*—means the controlled dumping of refuse on land, compaction of this refuse into the smallest practicable volume, and then the covering of it daily with an appropriate amount of earth.

E. *Standards*—means the applicable public health practices as published by the State Department of Health.

Section 2. Camp Area.

The camp grounds shall be maintained in a clean, safe and sanitary condition free from rubbish, debris, waste paper, garbage, and other refuse.

When the camp is to be closed for the season, all grounds, buildings, and facilities shall be left in a clean and sanitary condition.

Section 3. Water Supply.

An adequate and convenient supply of water of quality that meets the standards of the State Department of Health shall be available at all time in each camp for drinking, culinary, bathing, and laundry purposes.

Water supplies which may have become exposed to contamination accidently or following repair work shall be thoroughly disinfected in accordance with standards of the State Department of Health before being placed in use.

The use of a common drinking cup is prohibited. Drinking fountains shall be of an approved type.

Section 4. Excreta and Waste Disposal.

Facilities shall be provided and maintained in all camps for the satisfactory disposal or treatment and disposal of excreta and liquid wastes. Where public sewer systems are available, all building sewers shall be connected thereto. Where public sewers are not available and conditions will permit, a liquid waste disposal system shall be installed in accordance with the standards of the State Department of Health.

Privies shall be constructed and maintained in accordance with the standards of the State Department of Health.

Section 5. Cooking and Eating Facilities.

In camps where there is a central mess or multi-family feeding operation the facilities to be used for the storing, preparation and serving of food must meet the sanitary and health requirements of the Public Eating and Drinking Place Act of May 23, 1945, as amended and the regulations adopted thereunder.

Section 6. Garbage and Refuse Disposal.

Provision shall be made for disposing of garbage and other refuse by incineration, grinding, burial or incorporation in a sanitary landfill. Adequate numbers of metal cans with tight-fitting metals lids of sufficient capacity shall be provided for storage of garbage pending collection and final disposal.

Section 7. Insect and Rodent Control.

Effective measures shall be taken to control rats, flies, mosquitoes, bedbugs, and other vectors or parasites within the camp premises.

SUMMARY

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Significant numbers of migrants were employed in 33 of the 67 counties in Pennsylvania. In early June the first groups of these migrants arrived for the early fruit harvest. Their numbers gradually increased through August and September as more crops became ready for harvesting. This year a late frost adversely affected the early fruit crop and a prolonged drought delayed maturation of later crops. The number of migrants in the State this year fell below normal and the peak population date did not occur until October 15.

Project services were made available to some 6,176 migrants in a 15 county project area this year. A total of 1,130 migrants were treated through the completion of 1,770 patient visits to project supported clinics.

Outpatient medical services were again provided through three types of contract mechanisms:

1. Contract for Migrant Clinic: Migrant Family Health Service Clinics were conducted on a regular schedule in five hospitals providing service to migrants residing in 11 project area counties.
2. Fee-For-Service Agreements With Hospitals: Three hospitals in two project area counties provided treatment for migrants during regular hospital clinic hours on a fee-for-service basis.
3. Fee-For-Service Agreements With Physicians: In two project counties physicians treated migrants in their private offices during regular office hours on a fee-for-service basis.

Contracts with hospitals included provisions for payment of the cost of laboratory and X-ray services and for drugs and supplies. In counties where migrants were treated in doctors' offices separate contracts were negotiated for these services.

Authorization was received for the purchase of portable dental equipment for use in establishing temporary migrant dental clinics; but this equipment was delivered too late for use this year. Migrants were again treated on a fee-for-service basis in hospital dental clinics or private dental offices. One hundred twenty-five migrants received treatment through 175 dental visits.

This year 14 public health nurses and one USPHS COSTEP nurse performed field work on the project. These nurses were the primary source of referrals to project clinics. Most of their time was spent visiting migrant camps to identify health problems and to counsel migrants on their health needs.

Nurses were also able to refer migrants in need of specialized health service to appropriate sources of care. They also assisted migrants in obtaining in-hospital services through the Pennsylvania Department of Public Welfare's medical assistance program.

This year 344 of the 404 farm labor camps operated in Pennsylvania were inspected at least once by Department of Health sanitarians. During initial inspections, 584 major violations were noted. Although facilities provided in farm labor camps are steadily improving, there has been a deterioration of camp conditions. Additional sanitarians are needed for adequate follow-up and health teaching to insure that an acceptable level of camp sanitation is maintained.

Project activity, supplemented by the use of other available resources, has met most of the basic health and medical needs of the migrant community in Pennsylvania. The quality of services provided has been good. Continuing efforts will be made to further improve these services and to make them readily available to every migrant who, even for a brief period, resides in this State.